

**Ferroalloy Production Facilities (Subpart YYYYYY)  
National Emission Standard for Hazardous Air Pollutants  
State of North Carolina**

**INITIAL NOTIFICATION FORM**

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_

Facility Owner/Operator: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Applicable Standard: 40 CFR 63 Subpart YYYYYY, National Emission Standard for Hazardous Air Pollutants for Ferroalloy Production Facilities

Facility Compliance Date: June 22, 2009 (existing sources)/upon startup (new sources)

**\* Is this facility subject to the Ferroalloy Products Manufacturing NESHAP? (check one)**

☐ Yes. If yes, complete the SOURCE INFORMATION table below.

☐ No. If No, please explain why the facility is not subject to Subpart YYYYYY:

\_\_\_\_\_

\_\_\_\_\_

<b>SOURCE INFORMATION:</b>
<b>*Types of Operations: The following operations at this facility are subject to subpart YYYYYY:</b>
<p>1. Electrometallurgical operations using electric arc furnaces (EAFs) in the production of:</p> <p><input type="checkbox"/> silicon metal, ferrosilicon</p> <p><input type="checkbox"/> standard ferromanganese, silicomanganese, ferromanganese silicon</p> <p><input type="checkbox"/> calcium carbide    <input type="checkbox"/> ferrochrome silicon, high-carbon ferrochrome</p> <p><input type="checkbox"/> other (please specify) _____</p>
<p>2. Electrometallurgical operations using reaction vessels in the production of:</p> <p><input type="checkbox"/> ferrotitanium using the aluminum reduction process    <input type="checkbox"/> ferrovanadium</p> <p><input type="checkbox"/> ferromolybdenum    <input type="checkbox"/> other (please specify) _____</p>

### SOURCE INFORMATION:

\*Description of Subject Operation(s): \_\_\_\_\_

\_\_\_\_\_

\*Size: \_\_\_\_\_

\*Design: \_\_\_\_\_

\*Design Operating Capacity: \_\_\_\_\_

\*Identification of Each HAP Emission Point:

\* \_\_\_\_\_ \*

\* \_\_\_\_\_ \*

\* \_\_\_\_\_ \*

\*Attach diagram showing emission points if necessary

\* Check the box that applies:

☐ My facility is a major source of HAPs

☐ My facility is an area source of HAPs

*Note: A major source is a facility that emits or had the potential to emit greater than 10 tons per year of any one HAP or 25 tons per year of multiple HAPs. All other sources are area sources.*

Signature of Responsible Person or Company Official:

X \_\_\_\_\_

Date:

(Print): \_\_\_\_\_

Title:

**Return this form to BOTH the NC Division of Air Quality and the US Environmental Protection Agency at the following addresses:**

**Teresa Colón  
NC Division of Air Quality  
1641 Mail Service Center  
Raleigh, NC 27699-1641**

**Gregg Worley  
Chief Air Toxics Monitoring Branch  
U.S. EPA, Region 4  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street, SW  
Atlanta, GA 30303-3104**

It is recommended that this form be sent by certified mail so that you will have a record that this form was submitted to the regulatory authority.